

# Partnerships in Care (Brunswick) Limited

## Brunswick House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 03 October 2018. At the last inspection carried out in December 2016, we rated the service as 'requires improvement'. At this inspection we found that the provider had made improvements and the service is now 'good.'

Brunswick House is a 'care home' which provides support for people who are living with learning disability, autism or mental health conditions. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates a maximum of five people in one adapted building. There were three people living in the home at the time of inspection.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who were trained in recognising and how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were encouraged and supported to take positive risks and incidents and accidents were monitored carefully to ensure action could be taken to reduce the risk of re-occurrence.

People received their medication at the right time and there was sufficient staff on duty to keep people safe and to meet their needs in a personalised way.

Staff had access to specialist training which helped them support people in a confident and relaxed manner. People's needs had been thoroughly assessed and were understood well by the staff team.

Staff were warm and caring in their work and people enjoyed their relationships with staff. People had opportunities to develop their independence and confidence through daily tasks and activities.

Staff organised themselves in a way that put people's needs first and people and their relatives were supported to be involved in reviews of care and support.

Staff worked hard to help people maintain and improve relationships with their families.

The registered manager has developed a person centred culture where people's needs are a priority and staff are supported to improve their practice. The provider has maintained a good oversight of the home and processes are effective in identifying areas for improvement and ensuring action is taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The provider had effective systems in place to assess risk and make plans to protect people from the risk of harm.

There was sufficient staff to keep people safe and enable them to take positive risks.

People received their medication at the right time.

### Is the service effective?

Good ●

The service was effective.

Staff worked well together to deliver personalised support.

People's health needs were met and promoted.

People's needs were met by well trained and skilled staff

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring.

People were supported to develop their independence.

Staff had developed good working relationships with people

### Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain relationships that were important to them.

Staff were organised in a way that met people's needs.

People were supported by staff that knew them well

## Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post who was well supported by the provider.

The registered manager has had a positive impact on practice and the staff team since being in post.

Audits were carried out thoroughly to identify areas for improvement.

# Brunswick House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 October 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority about information they held about the provider.

During our inspection we spoke to all three people who lived at the home and also made general observations around the home. We spoke to the registered manager, one senior support worker and two support staff. We also spoke with two visiting professionals and one relative.

We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, two staff recruitment files and medication records. We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

# Is the service safe?

## Our findings

At our last inspection in December 2016 we rated this key question as 'good'. At this inspection the rating remains unchanged.

People we spoke with told us that they felt safe in the home and were happy to be living there. One person told us, "I feel very relaxed here. I wouldn't live here if anything was wrong." People and staff told us about a range of actions that were completed on a regular basis to help keep people safe. For example, one person told us about the fire alarm drills that took place. They told us, "If the fire alarm goes off, you don't panic and I have to go and stand outside." We saw that staff encouraged this person to help with fire drills in order to reduce their anxiety about the loud alarms.

Staff told us they had received training in safeguarding and knew what signs and symptoms might indicate that a person might be at risk of abuse. They also knew what action to take if they had any concerns about people's safety. One member of staff told us, "I have had quite a lot of safeguarding training and I would report anything to [registered manager's name] and I am sure they would act on it." Another staff member told us, "I look out for changes in people's behaviour and the way they interact with staff and would pass on any concerns. If managers didn't do anything, I would contact CQC."

People were supported to stay safe and take positive risks where appropriate. For example, one person told us that they were working towards accessing the wider community on their own. They told us, "I am allowed to go out on my own to the chip shop now but not any further. I like staff to go with me when I go into town because this makes me feel safe."

Care records we looked at contained up to date risk assessments which were reviewed when a person's needs changed. Staff we spoke with had a good understanding of the risks to people and the plans that were in place to reduce those risks. One visiting professional told us, "My colleagues have never had concerns about the home."

People were supported by sufficient numbers of staff. Most people required at least one to one support when leaving the home and there were flexible levels of staffing to make sure people could attend activities and appointments. For example, on the day of inspection, one member of staff had been asked to come in later than usual so that they could take one person to their football training session.

People were given their medication as prescribed and medicines were stored safely. Staff told us and records showed that they had to complete medication training and have competency checks before being allowed to give medication to people. People were encouraged to self-medicate if they were able to do so and we observed staff respecting people's wishes for privacy when medication was being administered to them.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service

Checks (DBS) and references from previous employers. We also saw that a visitor who was running an exercise class for people on the day of the inspection had been checked in a similar way. Completing these checks reduces the risk of unsuitable staff being allowed to work with people.

People were protected from the risk of infection. The house was clean and tidy and there was equipment and materials such as hand gel, gloves and aprons for staff to use. One member of staff told us, "The cleaning is done on a rota and we always wear gloves when preparing food and delivering personal care."

Records showed that incidents and accidents were carefully recorded by staff. This enabled managers to monitor trends and patterns and take action as appropriate to reduce the risk of harm to people and staff.



# Is the service effective?

## Our findings

At our last inspection in December 2016, we rated this key question as 'requires improvement' as staff lacked knowledge of legislation and guidance relating to The Mental Capacity Act 2005 (MCA). Staff did not also have access to regular training and supervision. At this inspection, we found that improvements had been made in these areas and this key question is now rated 'good.'

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People we spoke with told us they made decisions for themselves. Staff had received training on the MCA and used this knowledge to apply it to people living at the home. For example, one person requested permission to spend a night away from home with his family and we saw staff involving relevant others, such as relatives and social workers, to make a decision on whether to allow this and ensure that the decision was in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. All three people's liberty was being restricted and the authorisation for these had been applied for appropriately and received and we saw that all conditions were being met.

Records also showed that people were seen regularly by their Relevant Person's Representative (RPR). A RPR is appointed to support a person who is deprived of their liberty under the MCA and external advocates had been appointed to undertake this role. One member of staff told us, "[Person's name] has an advocate – they see them every two weeks and checks they are happy."

Staff understood people's complex needs. We saw that when needed, staff observed people discreetly and were available to respond to people promptly to minimise any anxiety. Care records included detailed positive behaviour support plans that provided clear guidance on possible triggers and how the person wanted staff to help de-escalate incidents. The staff team had effective means of communicating with each other to ensure any changes to people's needs were known by all.

All staff told us they had received training to carry out their role effectively and records showed that staff had completed the required training such as safeguarding, food hygiene and behaviour management. Additional training in keeping people and staff safe during serious incidents had recently been provided in response to staff's requests and staff were able to tell us how this had improved their knowledge and confidence. One member of staff told us, "We had training recently and I feel a lot more aware and confident

now."

Staff told us that they felt supported through a system of formal supervision sessions which took place at least every six weeks with the registered manager. Records of these sessions showed that they were used to reflect on staff's practice and check on staff's well-being. Staff told us this had a positive impact on their morale and teamwork. One member of staff told us, "I have supervision with [registered manager's name] every six weeks or so and it's been really helpful. I think we have improved a lot since the last inspection."

People told us that they were supported to plan, shop and prepare food that they liked and were encouraged to help in the kitchen wherever possible. One person told us, "I like the food here" and went on to tell us about some of their favourite meals that staff helped them make. We saw that people prepared and ate meals at times that suited them and their activity plans and staff were available to support them with food preparation.

Care records showed us that people had access to healthcare services that met their general health needs as well more specific psychological support where required. One member of staff told us, "As [person's name]'s keyworker, I have regular chats with them and they see the assistant psychologist about two times a week. The assistant psychologist then comes and talks to the staff and advises us." A keyworker is a member of staff allocated to a specific person who is responsible for keeping an oversight of their well-being, progress and care plans. All of the people had a health action plan which detailed lists of appointments and reviews that had taken place.

The premises were suitable to meet the needs of the people. There was a range of communal areas for people to access and we saw that people were able to make a choice about spending time with other people or spending time on their own. All of the bedrooms were personalised with belongings, pictures and furnishings that reflected people's likes and background. People had access to their own ensuite showers for privacy but also had a choice of having a bath.

## Is the service caring?

### Our findings

At our last inspection in August 2017 we rated this key question as 'good'. At this inspection the rating remains unchanged.

We received a warm and friendly welcome when we arrived at the home and saw that people were relaxed and comfortable with staff. One person told us, "All the staff here are very kind and professional." Throughout the inspection, we observed staff interacting with people with patience and understanding and comforting people if they were worried about anything. One visiting professional told us, "[Person's name] tells me that they are very happy there." Another told us, "The staff seem to have a very good rapport with the residents and have always been approachable."

We saw that staff were motivated to support people and enjoyed their work. One member of staff told us, "This is the best place I have worked in. It's very rewarding and I like to see the progress people make here." Staff treated people with respect and dignity and we saw examples of this during our inspection; for example, people were asked if visitors could enter their rooms or if they wanted to join in with any activities.

People were supported with different forms of communication to enable them to make choices about their care and daily lives. This meant people could be fully involved in decision making. For example, we saw one care and support plan that had been written by the person in partnership with staff. The plan described how the person wanted to be supported and it was signed by staff and the person involved.

People were supported to be as independent as possible and told us that they had learnt new skills at the home. One person told us, "I can have my independence here and I can lock my room if I want to." Staff told us how people's independence and confidence had grown as a result of the support they had been given. For example, one member of staff told us that one person could now do most of their personal care for themselves and only required staff to prompt them. They told us, "[Person's name] will want to do things for themselves now and they have learnt how to use the washing machine." The relative we spoke with told us that they had noticed a positive change during their relative's time in the home. They told us, "I think [person's name] has done very well here – they have really grown up."

# Is the service responsive?

## Our findings

At our last inspection in August 2017 we rated this key question as 'good'. At this inspection the rating remains unchanged.

We saw that people were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted. People and their relatives had been involved in planning and reviewing their care where possible. During the inspection, one person attended their annual review with staff and visiting professionals and we observed how staff had prepared the person for the meeting. Staff told us and records showed that all people had two keyworkers who met with them regularly to review and update care plans.

We saw that one relative had been invited to attend a review meeting and that the registered manager had arranged for an interpreter to attend the meeting so that the relative could take a full part in the process. One relative told us, "I always get invited to meetings and have a chance to say what I think."

People were supported to take part in a wide range of activities in the home and in the local and wider community and these were planned in line with individual likes and preferences. During our inspection, people took part in an exercise class, went out shopping, played board games and were preparing to go out to football practice. We saw that staff recognised how important families were to people and had helped people to arrange visits and create displays of family photographs.

People's preferences and needs were met by the way staff organised themselves. Staff rotas were flexible to allow for people to go out with sufficient staff in line with their support plans. One visiting professional told us, "The new staffing arrangements are working well and things have improved a lot since they have been introduced."

From August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively.

The registered manager had provided the information people needed in accessible formats, including easy read versions of documents and the use of pictures. People therefore had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life. For example, people had weekly timetables displayed on their bedroom walls that had pictures and symbols to help them understand what activities were taking place.

All the people and relatives we spoke with told us they were happy with the service provided and had no complaints. One relative told us, "I have never had to complain about anything." The registered manager explained to us that people had the opportunity to give feedback and raise concerns every day as there was a section in daily care files that was completed by staff and people where they were able to comment on the

day and how they had been supported.

# Is the service well-led?

## Our findings

At our last inspection in December 2016, we rated this key question as 'requires improvement' as quality audits had not been completed consistently and the provider had not notified CQC and local safeguarding teams of certain incidents as they were required to do by law. At this inspection, we found that improvements had been made in these areas and this key question is now rated 'good.'

We saw that the registered provider now had a wide range of audits and checks to monitor the quality and safety of the service. Regular checks were in place to ensure people lived in a safe, comfortable and homely environment. The audits addressed all of the key areas of the operation of the home, as well as people's satisfaction with the service they were receiving. The registered manager reported on a monthly basis to their operations manager so the provider had oversight of where any improvements or actions were needed.

The provider also held a monthly governance meeting in the home which involved the registered manager and other staff. At these meetings, action plans were reviewed and updated and there was evidence that actions were taken as a result. For example, repairs to broken kitchen equipment and organising staff training had been completed.

Providers are required by law to inform us of certain events that happen in the home (such as serious incidents, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. We found that the notifications we received from the provider were detailed, enabling us to have a sound understanding of events proceeding and actions taken following an event or incident within the home. One visiting professional told us, "There was a staffing issue a while ago but they took prompt action. I was quite impressed with the way they dealt with it."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post for only a few months but had received good support from the provider to enable them to do their job effectively. The registered manager told us, "I speak to the operations manager every day and they are always there if I need anything."

All the people and staff we spoke with were happy with how the service was now managed and felt that the registered manager had had a positive impact on the home. One member of staff told us, "[Registered manager's name] is the best manager we have had. They are very understanding." Another member of staff said, "The staff morale is a lot higher than it was and [registered manager's name] has made a lot of changes to the way we work and it's all for the better."

Throughout our inspection there was a positive and calm atmosphere throughout the home. We saw that regular staff meetings took place and the minutes of these showed that staff were provided with feedback

and any learning from incidents that had taken place in the home were discussed to inform future practice. One member of staff told us, "I feel more appreciated now than when I first started."

People and relatives had the opportunity to provide feedback on an informal basis and via questionnaires that were circulated. People were supported to complete these with their independent advocates and they were in an accessible format to ensure they understood the process. People also attended weekly 'people's meetings' where there was an opportunity to discuss activities, menus and the décor in the home.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Brunswick House was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.